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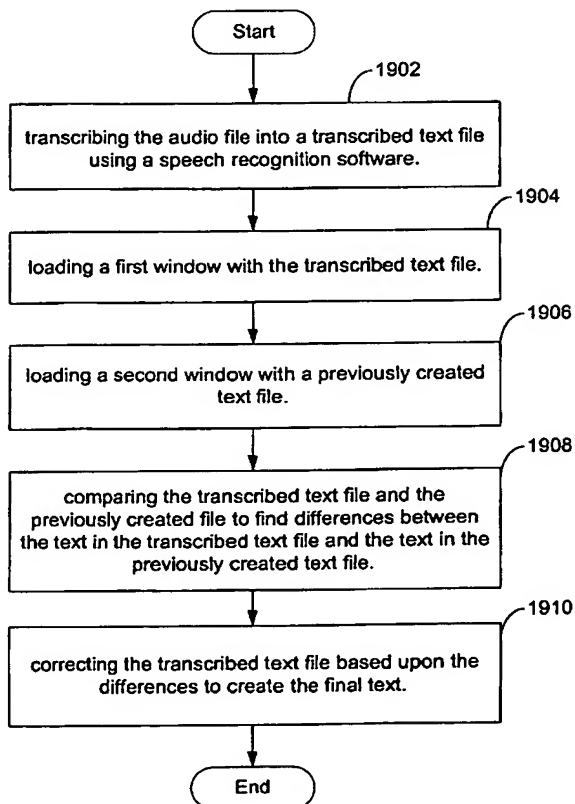
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[Continued on next page]

(54) Title: A METHOD FOR COMPARING A TRANSCRIBED TEXT FILE WITH A PREVIOUSLY CREATED FILE



(57) Abstract: A method to creating a final text from an audio file comprising (a) transcribing the audio file into a transcribed text file using a speech recognition software; (b) loading a first window with the transcribed text file; (c) loading a second window with a previously created text file; (d) comparing the transcribed text file and the previously created file to find differences between the text in the transcribed text file and the text in the previously created text file; (e) correcting the transcribed text file based upon the differences to create the final text. The method may also include searching for the previously created text file.



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- as to the applicant's entitlement to claim the priority of the earlier application (Rule 4.17(iii)) for all designations
- as to the applicant's entitlement to claim the priority of the earlier application (Rule 4.17(iii)) for all designations
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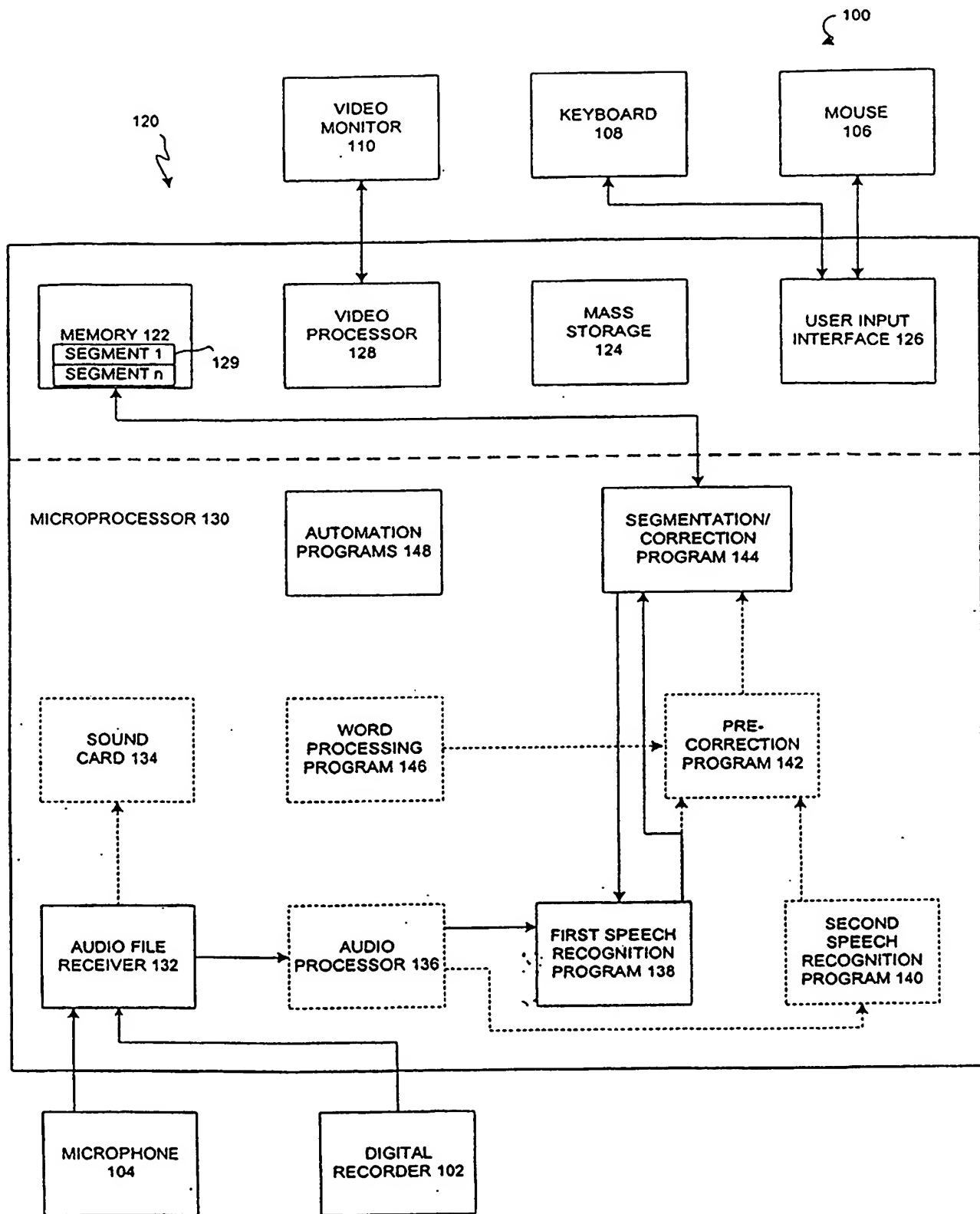


FIG. 1

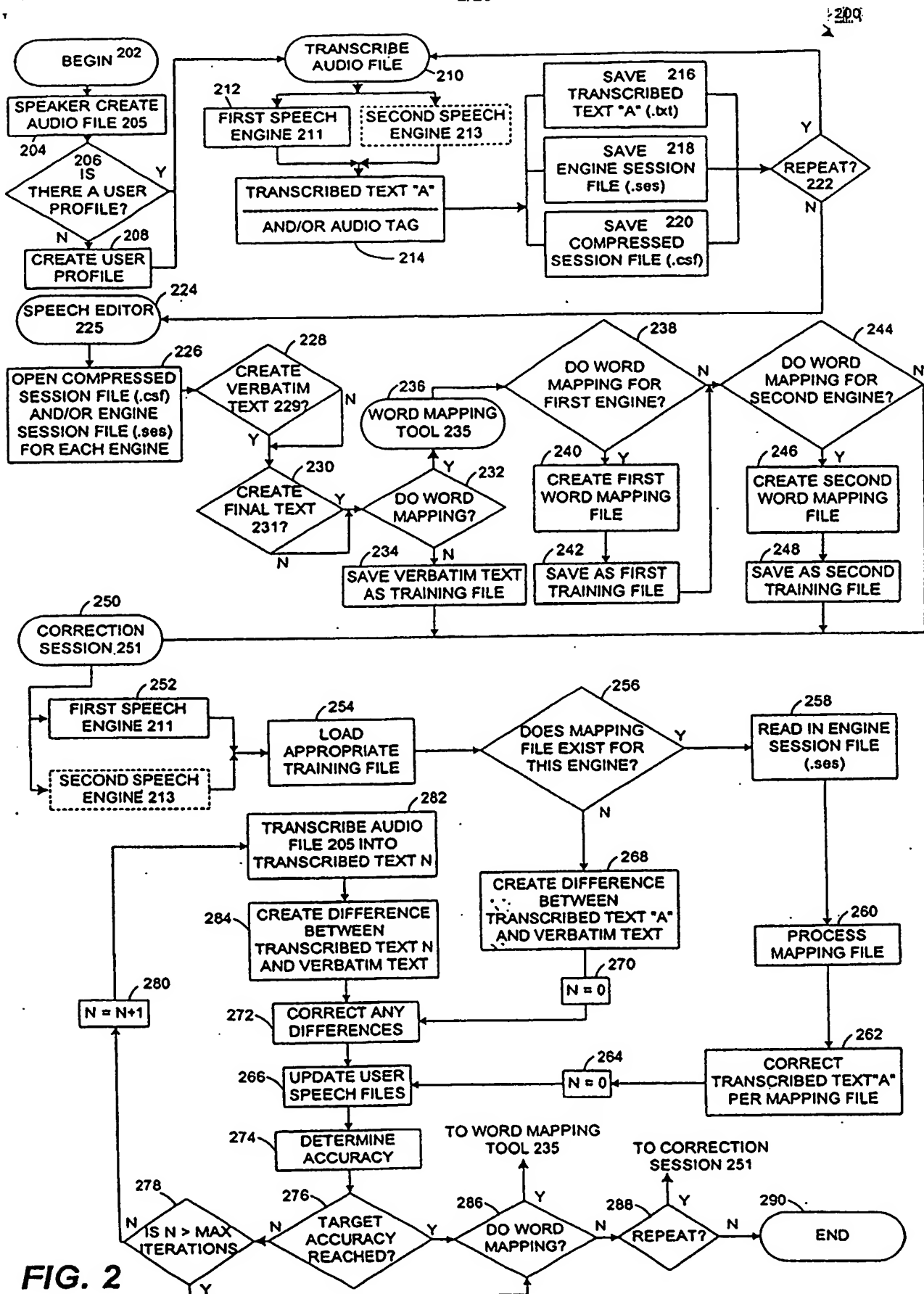


FIG. 2

300

Compare and Correct - Mode: Differences

Option Tools Help

Load Next App

Play

Differences

Matches

All

End Text

Auto Find

Source Texts

A The visual studio in isolation was it will install latest

B Toaster your isolation was at once the latest

Report Text

R The Visual Studio installation wizard will install the latest

Report Text

Lock

Verbatim Text

V The Visual Studio installation wizard will install the latest

Save

View

Text A

Text B

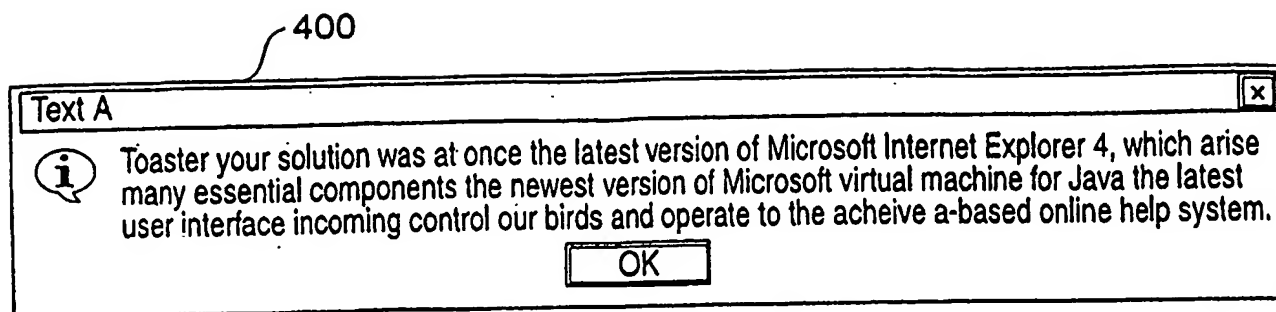
Report

Verbatim

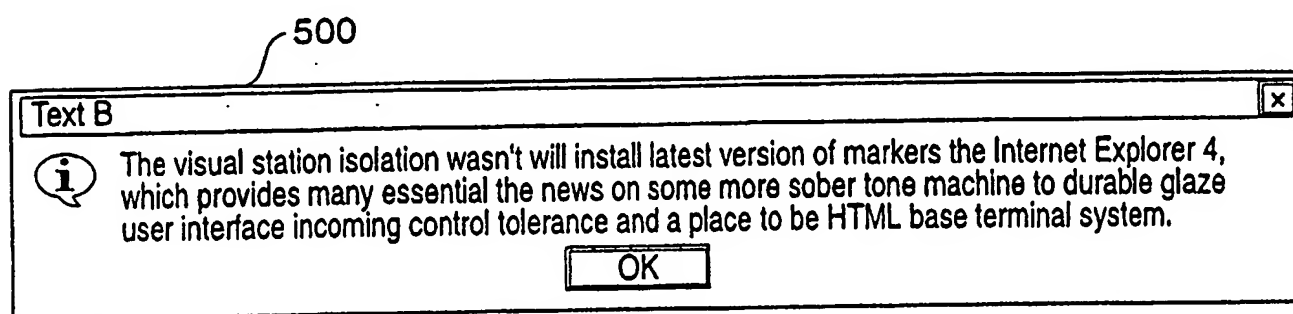
Job ID	Subject	Document	Author	Route	Priority	Keyword	Comment

Correct the errors in each utterance then press forward to continue to the next set.

FIG. 3

**FIG. 4**

Text A window.

**FIG. 5**

Text B window.

600 TwoEnginesLoaded	
File Edit View Options Tools Window Help	
<p>Secondary Transcribed Text</p> <p> </p> <p> Chest and lateral <u>610</u> History: Himalayan. Referring physician: Thatcher Smith. Heart size is mildly enlarged. There are prominent markings of the left lower lung fields. Findings may represent residual pneumonia or scarring. The right lung is clear. There is no evidence for underlying tumor. Incidental note is made and degenerative changes are the spine in shelters. Follow-up chest and lateral and 46 weeks is advised. Impression: no definite evidence for active pneumonia. </p>	<p> </p> <p> Just and lateral <u>606</u> History: pneumonia. Referring physician: Doctor Smith. Hart died as mildly enlarged. There are prominent barking of the locked Laura Lund fields. Finding and neighbors back to residual and Loma or scarring. The right line is clear. There is no evidence to for underlying tumor. And the tunnel now it may add degenerative changes are the spine and shoulders. Fallout South and lateral and 46 weeks if it fights to. Impression: no definite evidence for active in London. </p>
<p>Transcribed Text</p> <p> </p> <p> Just and lateral <u>602</u> History: an amnonia. Referring physician: doctors met. Hart died as mildly enlarged. There are prominent barking of the locked Laura Lund fields. Finding and neighbors back to residual and Loma or scarring. The right line is clear. There is no evidence to for underlying tumor. And the tunnel now it may add degenerative changes are the spine and shoulders. Fallout South and lateral and 46 weeks if it fits to. Impression: no definite evidence for active in London. </p>	<p> </p> <p> Just and lateral <u>608</u> History: pneumonia. Referring physician: Doctor Smith. Hart died as mildly enlarged. There are prominent barking of the locked Laura Lund fields. Finding and neighbors back to residual and Loma or scarring. The right line is clear. There is no evidence to for underlying tumor. And the tunnel now it may add degenerative changes are the spine and shoulders. Fallout South and lateral and 46 weeks if it fights to. Impression: no definite evidence for active in London. </p>
<p>Verbatim Text - 100.00% Accuracy</p> <p> </p>	<p> </p>
<p>OVIR</p>	<p>Author: Mickey</p>
<p>UserID: 00000002</p>	<p>Language: 1033</p>
<p>Vocab: LS English</p>	<p>Voc</p>

FIG. 6

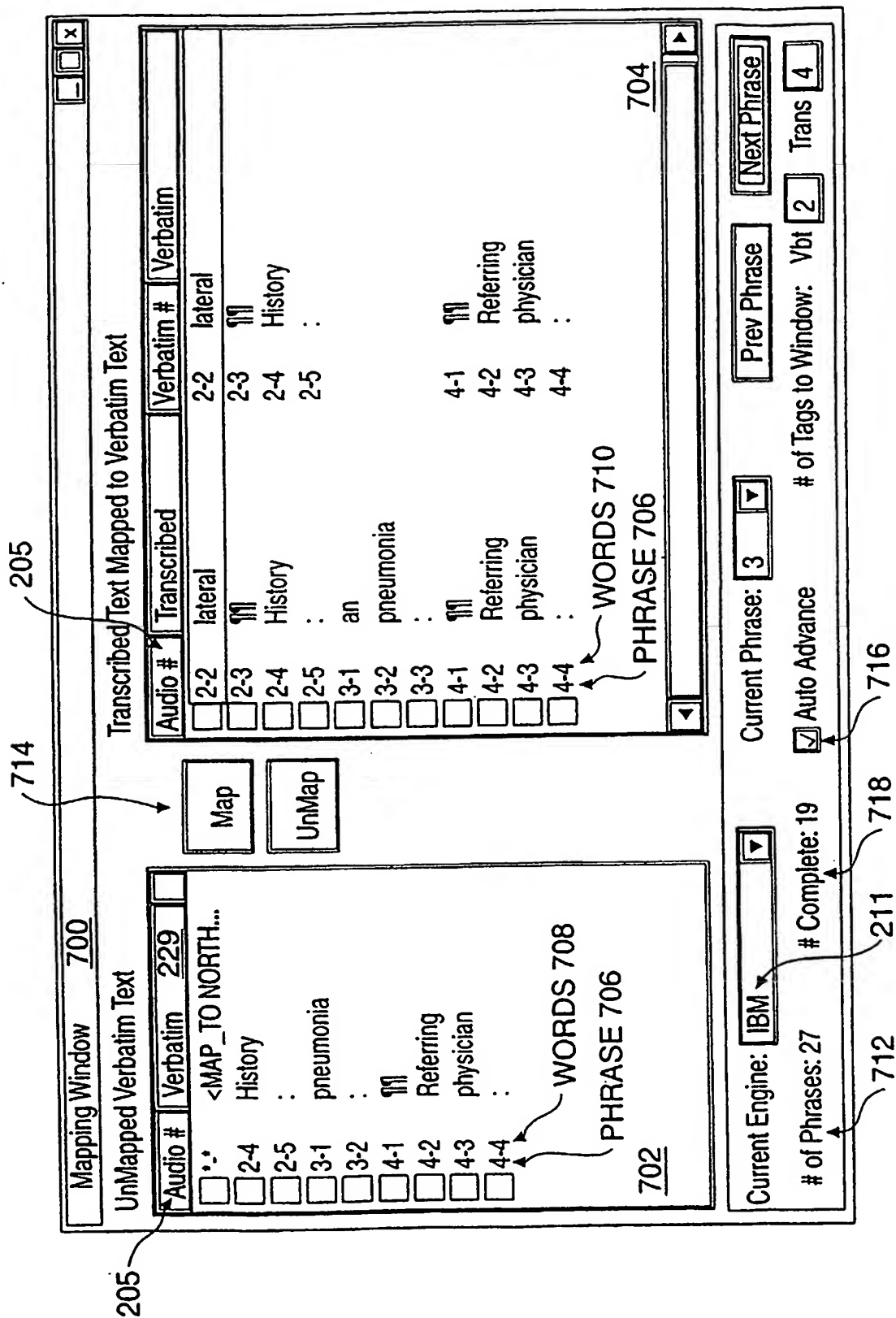


FIG. 7

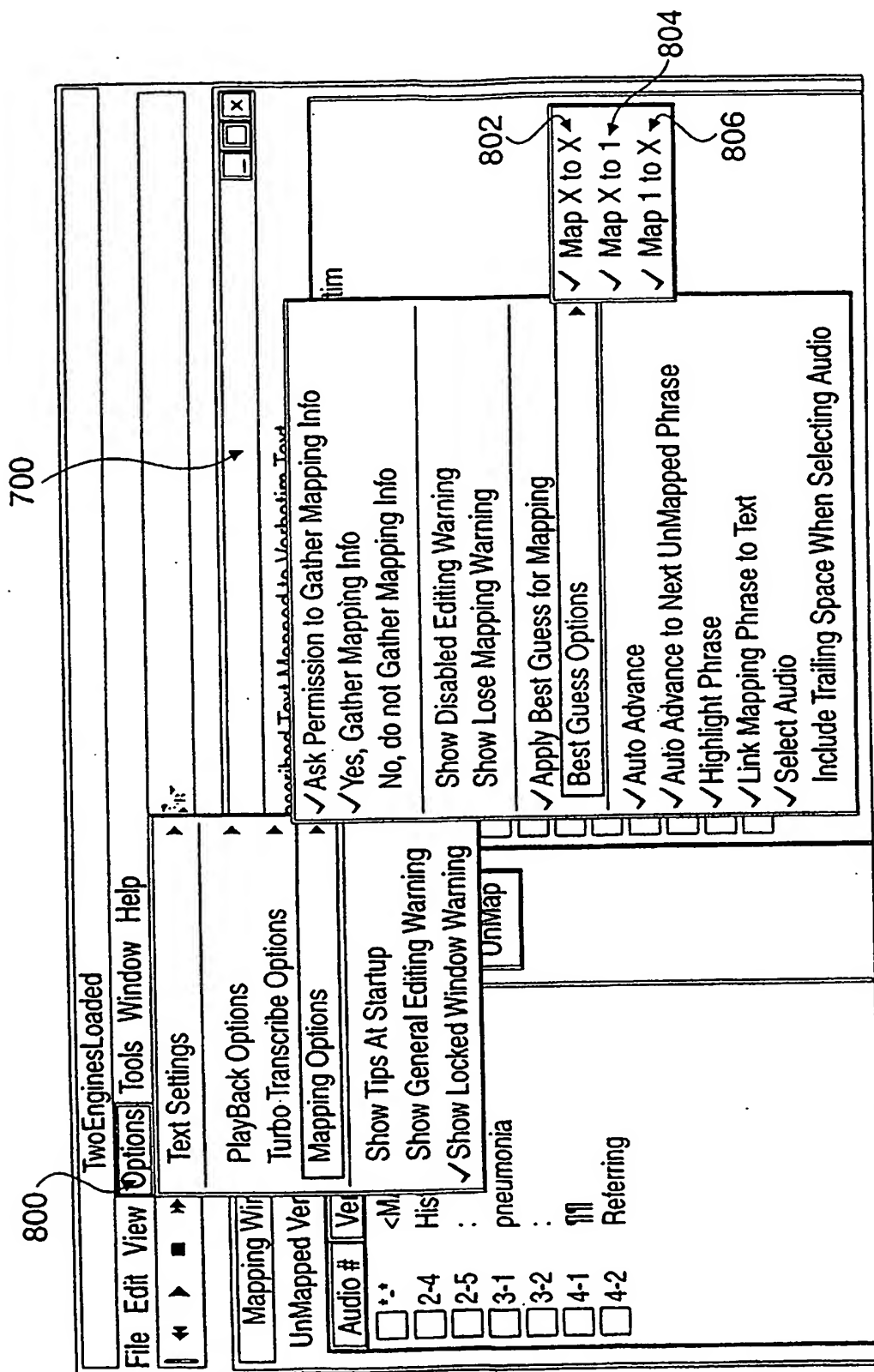


FIG. 8

Two Engines Loaded

File Edit View Options Tools Window Help

Mapping Window

Unmapped Verbatim Text

Audio #	Verbatim	Transcribed	Verbatim #	Verbatim
2-2	<MAP TO NORTH_	lateral	2-2	lateral
2-4	History	H	2-3	H
2-5	:	:	2-4	History
3-1	pneumonia	an	2-5	:
3-2	:	:	3-1	an
4-1	Relating	:	3-2	pneumonia
4-2	:	:	3-3	:
			4-1	H
			4-2	Relating
			4-3	physician
			4-4	:

Map UnMap

702

Current Engine: IBMV8 Current Phrase: 3 Prev Phrase Next Phrase

of Phrases: 27 # Complete: 26 Auto Advance # of Tags to Window: Vol 2 Trans 4

Secondary Transcribed Text (CSUSA Session Dragon-LCS2) - 54.12% Accuracy

Chest and lateral

History: Elmalayan.

Referring physician: Thatcher Smith.

Heart size is mildly enlarged. There are prominent markings of the left lower lung fields. Findings may represent residual pneumonia or scarring. The right lung is clear. There is no evidence for underlying tumor. Incidental note is made and degenerative changes are the spine in shatters. Follow-up chest and lateral and 46 weeks is advised.

Impression: no definite evidence for active pneumonia.

604

Transcribed Text Mapped to Verbatim Text

Verbatim # Verbatim

2-2 lateral

2-3 H

2-4 History

2-5 :

3-1 an

3-2 pneumonia

3-3 :

4-1 H

4-2 Relating

4-3 physician

4-4 :

704

Current Engine: IBMV8 Current Phrase: 3 Prev Phrase Next Phrase

of Phrases: 27 # Complete: 26 Auto Advance # of Tags to Window: Vol 2 Trans 4

Secondary Transcribed Text (CSUSA Session Dragon-LCS2) - 98.82% Accuracy

Just and lateral

History: Ian ammonia.

Referring physician: doctors met.

Hart died as mildly enlarged. There are prominent markings of the locked Laura Lund fields. Finding and neighbors back to residual and Loma or scarring. The right line is clear. There is no evidence to for underlying tumor. And the tunnel now it may add degenerative changes are the spine and shoulders. Falout South and lateral and 46 weeks if it fits to.

Impression: no definite evidence for active in London.

606

Final Text

Just and lateral

History: pneumonia.

Referring physician: Doctor Smith.

Hart died as mildly enlarged. There are prominent markings of the locked Laura Lund fields. Finding and neighbors back to residual and Loma or scarring. The right line is clear. There is no evidence to for underlying tumor. And the tunnel now it may add degenerative changes are the spine and shoulders. Falout South and lateral and 46 weeks if it fights to.

Impression: no definite evidence for active in London.

608

FIG. 9

PROCESS 1000

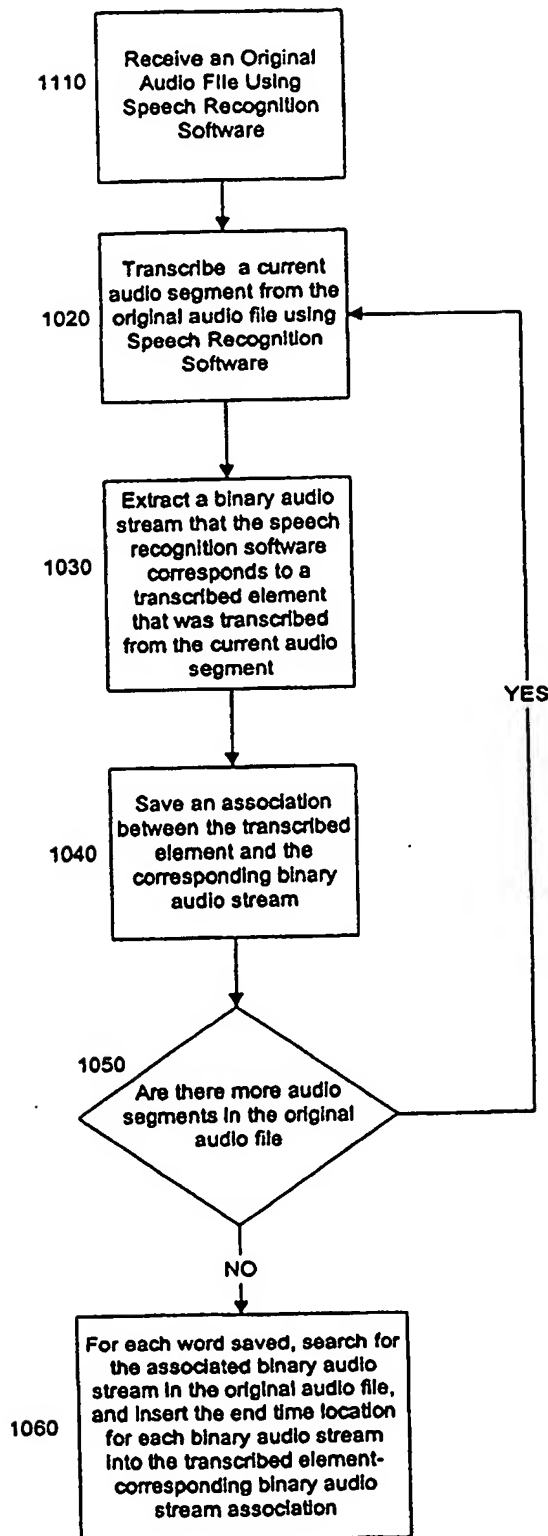


FIG. 10

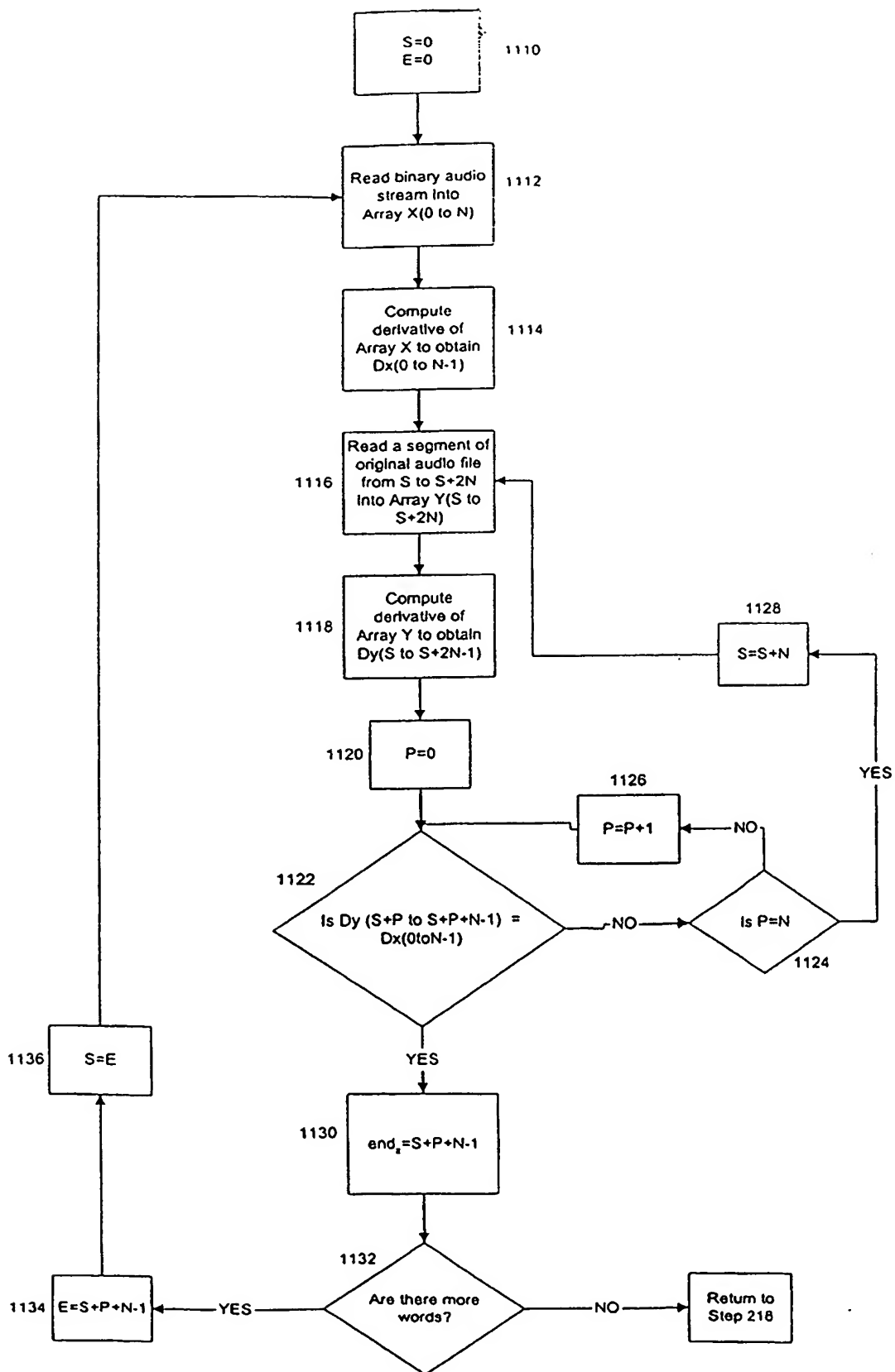


FIG. 11

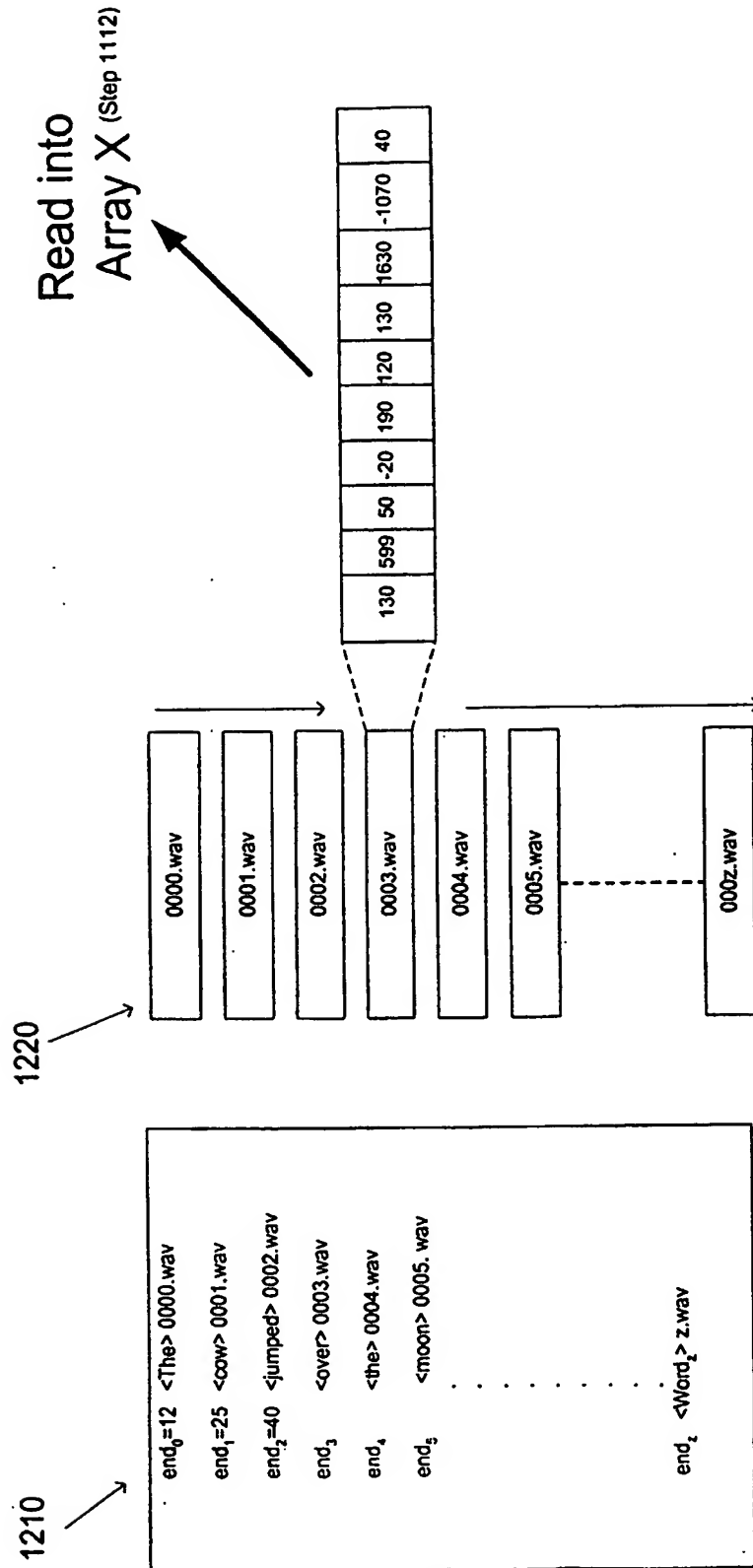


FIG. 12a

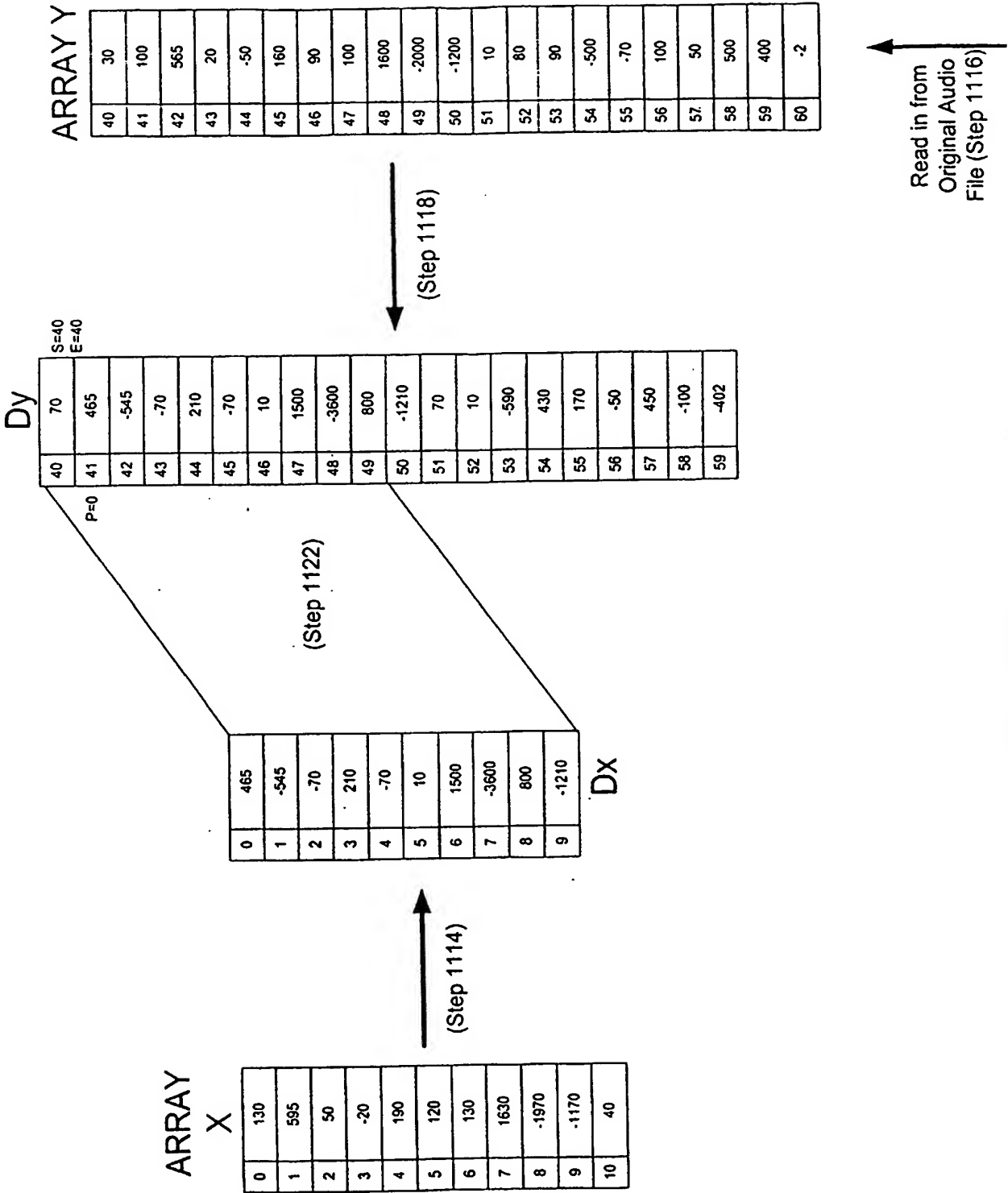


FIG. 12b

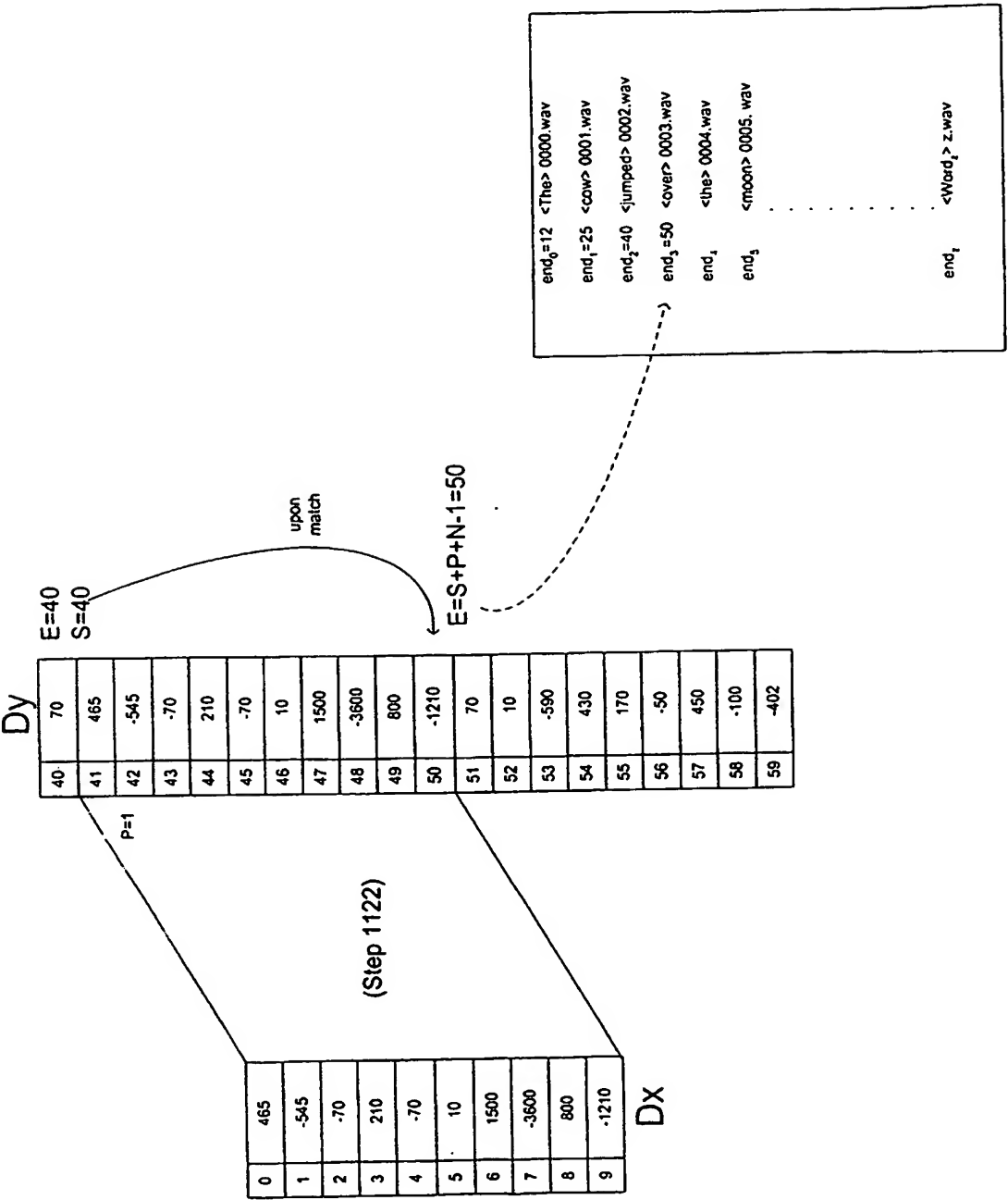


FIG. 12c

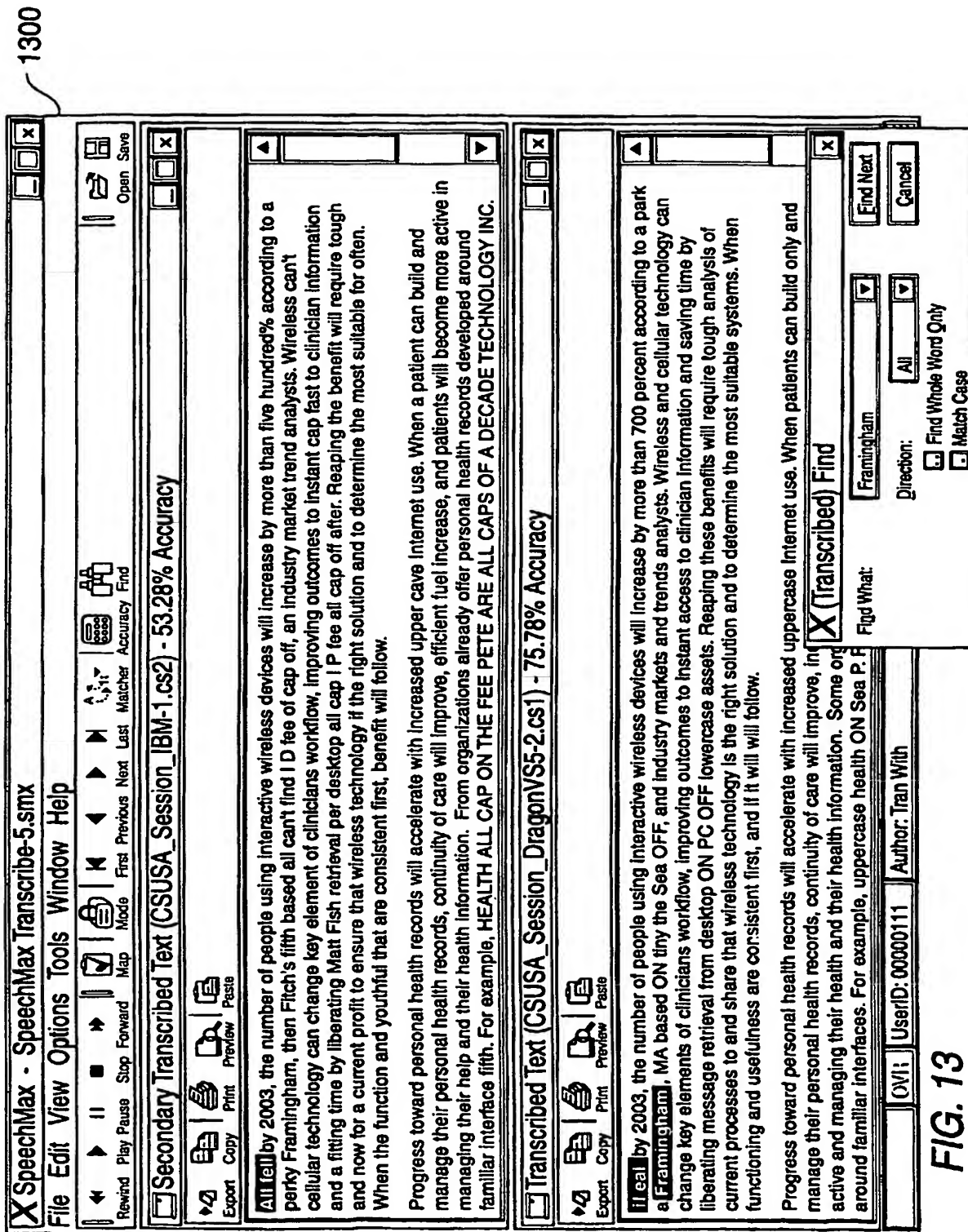


FIG. 13

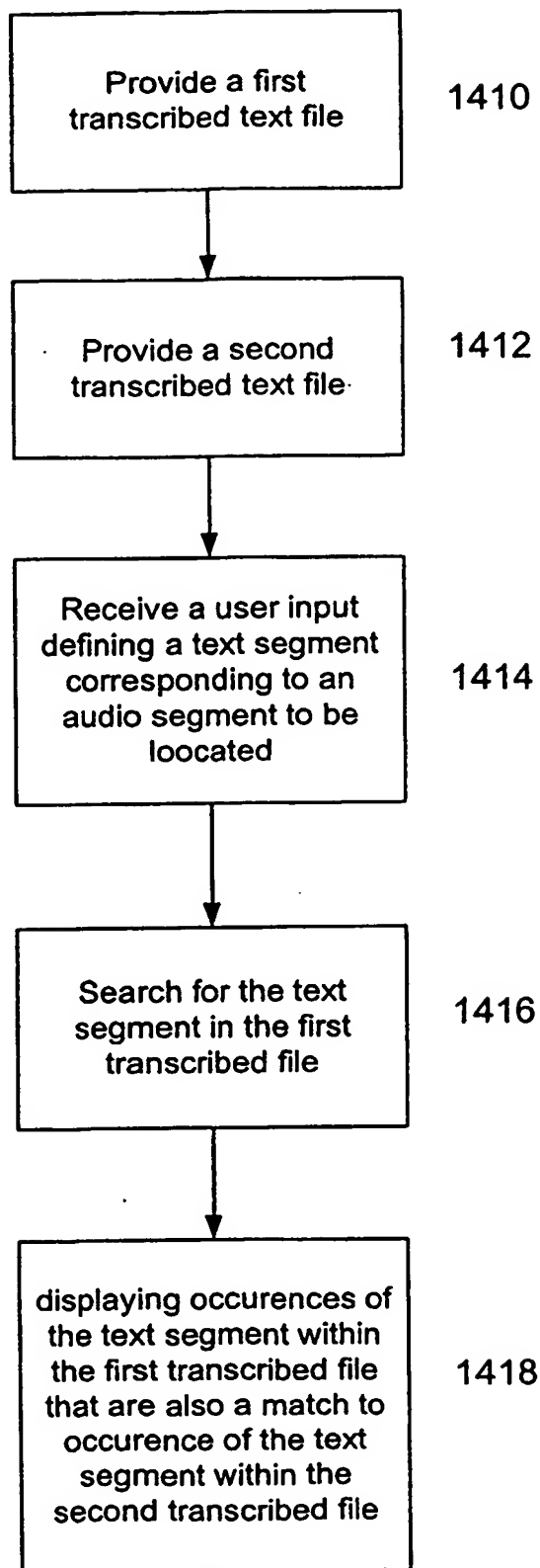


FIG. 14

XSpeechMax - T13-SpeechMax Transcribe-5.smx	
File Edit View Options Tools Window Help	
Secondary Transcribed Text (Document 1 - Initial Visit.txt) - 15.77% Accuracy	
History and Physical	
Patient <u>Name: Henry Russell</u> Date of Birth: June 14, 1952 Medical Record Number: 456-61-6385 Chief Complaint: Epigastric pain Patienty Encounter: Initial Evaluation/Morrison Outpatient Center	
Final Text - 100.00% Accuracy	
History and Physical	
Patient <u>name: henry ruffie</u> date of Birth: June 141952 buckle record number: 456--6 1--6385 chief complaint: epigastric pain patienty encounter: follow-up/more to outpatient better	
CVI: <input type="text"/>	UserID: 00000021
Author: <input type="text"/>	Language: 1033
Vocab: US English	Modified: 06-25-2002

FIG. 15

Document 1--Initial Visit**History and Physical**

Patient Name: Henry Russell
Date of Birth: June 14, 1952
Medical Record Number: 456-61-6385
Chief Complaint: Epigastric pain
Patient Encounter: Initial Evaluation/Morrison Outpatient Center
Examination Date: June 17, 2002
Referring Physician: Dr. Albert Block
Examining Physician: Dr. Henry M. Steele

History: Mr Russell is a 50 year old white male referred to me for intermittent epigastric pain. He self medicated with several over the counter drugs including Mylanta and Tagamet for several weeks before seeing his primary physician Dr. Block in late May. History and physical showed no significant abnormality. CBC and stool for occult blood was negative. Upper GI showed slight prominence of the gastric folds, suggestive of gastritis. Patient was referred for further evaluation. Patient complains of continued symptoms. He is otherwise in good health. Review of systems is noncontributory. He has no allergies and denies smoking, coffee, alcohol, or drug use.

On examination: Well developed, well nourished male. No acute distress. Oriented times 3. Vital signs are stable.

Head: Head normocephalic. Pupils equally round and reactive to light with accommodation. Hearing normal. Ears, nose, and throat not evaluated.

Neck: Supple. No significant adenopathy.

Chest: Lungs clear to auscultation and percussion. Heart sounds normal with no murmurs or rubs. Normal sinus rhythm.

Abdomen: Normal bowel sounds. Nontender. No palpable masses.

Rectum: Negative for occult blood. Prostate negative for masses.

Extremities: No cyanosis, clubbing, or edema. Old gunshot wound entry site right upper arm.

Neurological: Cranial nerves 2-12 intact.

Assessment and Plan: Continue with over the counter medications on an as needed basis. Prilosec, 20 milligrams, one tab per day times 7 days. Followup office visit in 1 week.

FIG. 16

Document 2--Second Visit**History and Physical**

Patient Name: Henry Russell
Date of Birth: June 14, 1952
Medical Record Number: 456-61-6385
Chief Complaint: Epigastric pain
Patient Encounter: Followup/Morrison Outpatient Center
Examination Date: June 24, 2002
Referring Physician: Dr. Albert Block
Examining Physician: Dr. Henry M. Steele

History: Mr Russell is a 50 year old white male referred to me for intermittent epigastric pain. He self medicated with several over the counter drugs including Mylanta and Tagamet for several weeks before seeing his primary physician Dr. Block in late May. History and physical showed no significant abnormality. CBC and stool for occult blood was negative. Upper GI showed slight prominence of the gastric folds, suggestive of gastritis. Patient was referred for further evaluation. Patient complains of continued symptoms. He is otherwise in good health. Review of systems is noncontributory. He has no allergies and denies smoking, coffee, alcohol, or drug use. After one week course of proton inhibitors he has no complaints.

On examination: Well developed, well nourished male. No acute distress. Oriented times 3. Vital signs are stable.

Head: Head normocephalic. Pupils equally round and reactive to light with accommodation. Hearing normal. Ears, nose, and throat not evaluated.

Neck: Supple. No significant adenopathy.

Chest: Lungs clear to auscultation and percussion. Heart sounds normal with no murmurs or rubs. Normal sinus rhythm.

Abdomen: Normal bowel sounds. Nontender. No palpable masses.

Rectum: Not examined.

Extremities: No cyanosis, clubbing, or edema. Old gunshot wound entry site right upper arm.

Neurological: Cranial nerves 2-12 intact.

Assessment and Plan: Continue with over the counter medications on an as needed basis. Return visit if required.

FIG. 17

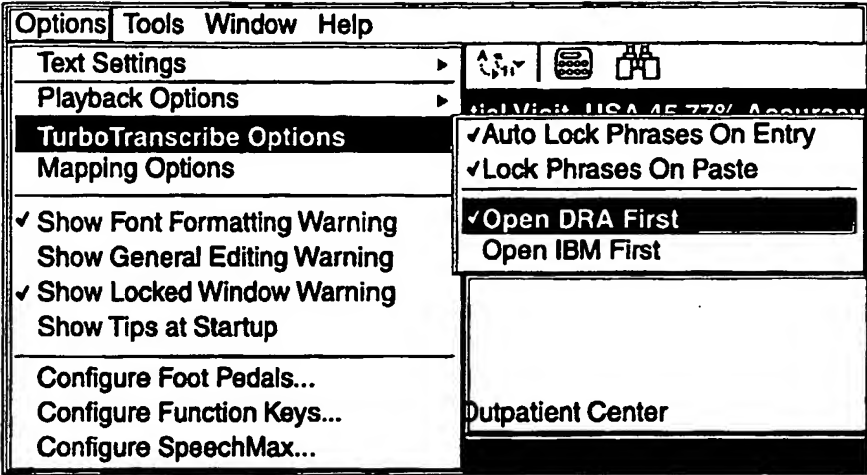


FIG. 18

FIG. 19

